

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-878)</small>							<small>SERIAL NO.</small> 10/069783	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1			52						
3		1		1			53						
4		2		1			54						
5				1			55						
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48							98						
49							99						
50							100						
TOTAL IND.		1		1		1	TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS		1		1		1	TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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